PREVENTIVE MEDICINE CLINICAL PRIVILEGES

Name: _______________________________  Page 1

☐ Initial Appointment
☐ Reappointment

All new applicants must meet the following requirements as approved by the governing body effective: 4/1/2015.

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements
- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR PREVENTIVE MEDICINE

To be eligible to apply for core privileges in preventive medicine, the initial applicant must meet the following criteria:

Current certification in a specialty administered by the American Board of Preventive Medicine or the American Osteopathic Board of Preventive Medicine.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in general preventive medicine or another program accredited under the purview of the Preventive Medicine Review Committee of the ACGME or the AOA equivalent, and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to specialty certification in a specialty administered by the American Board of Preventive Medicine or the American Osteopathic Board of Preventive Medicine.

Required Previous Experience: Applicants must be able to demonstrate at least one of the following:

- successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months, or
- possession of an unrestricted medical license for at least 12 of the preceding 24 months (and currently), with participation in one or more of the following professional duties during some portion of the preceding 24 months:
  - direct provision of patient care services in an outpatient, inpatient, or public health setting;
  - significant involvement in the oversight and/or implementation of clinical, and/or public health programs;
PREVENTIVE MEDICINE CLINICAL PRIVILEGES

Name: _______________________________ Page 2

- a significant role in efforts related to health care quality improvement, patient safety, population health, and/or related activities; or
- employment in a position that includes teaching preventive medicine to medical students and/or residents.

Reappointment Requirements: To be eligible to renew core privileges in preventive medicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of experience with acceptable results, as applicable and reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Medical Staff members whose board certificates in preventive medicine or other applicable specialty as above bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

PREVENTIVE MEDICINE CORE PRIVILEGES

☐ Requested Register, evaluate, diagnose, treat and provide consultation to adult patients through the modalities listed below. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty also include the procedures on the attached procedure list.

- Provide care for patients with low acuity conditions in the outpatient setting, including but not limited to occupational health
- Recommend, order, provide, and/or interpret clinical preventive services as appropriate
- Provide health behavior/prevention counseling to individuals to assist with prevention of disease and/or management of chronic disease
- Provide smoking cessation counseling and treatment services (including prescription of medications to aid with smoking cessation)
- Provide weight loss counseling and treatment services (including prescription of controlled and non-controlled legend drugs in accordance with applicable state and federal regulations)
- Development and implementation of individual and/or group interventions to promote health and prevent disease (including oversight of physician assistants, pharmacists, nurses, health educators, and/or other health professionals as appropriate)
- Participate in quality improvement, patient safety, and/or population health efforts (including oversight of other members of the health care team as appropriate)
PREVENTIVE MEDICINE CLINICAL PRIVILEGES

Name: ____________________________________________

CORE PROCEDURE LIST

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request.

- Administer local anesthesia
- Administer digital block anesthesia
- Consult with primary care colleagues and specialists in care delivery and coordination as appropriate.
- Engage in practice-based quality improvement, patient safety, and/or population health initiatives.
- For those with evidence of training, counseling regarding the evidence-based use of complementary and alternative medicine (CAM) modalities and other integrative medicine services.
- Order respiratory services
- Order rehabilitation services
- Perform history and physical exam
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Provide ambulatory health services to low-acuity patients in an outpatient setting.
  - Diagnose, evaluate and treat an array of medical conditions encountered in general medical practice. This includes but is not limited to such common conditions as dyslipidemia, hypertension, diabetes mellitus, obesity, asthma, COPD, depression, and anxiety.
  - Evaluate, diagnose and treat an array of acute medical and/or traumatic conditions encountered in general medical practice. This includes but is not limited to such common conditions as infectious diseases, ambulatory injuries, orthopedic conditions, gastrointestinal and gynecologic complaints.
- Provide occupational health services to low-acuity patients in an outpatient setting.
  - Perform pre-employment or pre-enrollment physical examinations (including EKG interpretation).
  - Provide immunizations and other preventive health services.
  - Evaluate, treat and manage individuals with potential and actual occupational or training-related exposure to blood-borne and other infectious pathogens.
  - Evaluate, treat and manage low-acuity injuries, environmental exposures or other health conditions potentially related to one’s role as an employee or student.
- Provide primary, secondary and tertiary preventive services for patients in an outpatient setting.
  - Provide preventive services during dedicated preventive care visits and/or during routine visits for acute or chronic conditions.
  - Counsel regarding lifestyle modification and self-management for prevention and management of medical conditions.
  - Provide immunization recommendations and services.
  - Provide screening recommendations and services.
  - Treat/manage patients in risk modification such as smoking cessation or weight loss.
- Suture uncomplicated lacerations
- Telehealth
PREVENTIVE MEDICINE CLINICAL PRIVILEGES

Name: ___________________________________________  Page 4

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and
demonstrated performance I am qualified to perform and for which I wish to exercise at University
Hospital and Health System, University of Mississippi Medical Center, and I understand that:
a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies
and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in
such situation my actions are governed by the applicable section of the Medical Staff Bylaws or
related documents.

Signed_________________________________________  Date _____________

DEPARTMENT CHAIR’S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named
applicant. To the best of my knowledge, this practitioner’s health status is such that he/she may fully
perform with safety the clinical activities for which he/she is being recommended. I make the following
recommendation(s):
☐ Recommend all requested privileges.
☐ Recommend privileges with the following conditions/modifications:
☐ Do not recommend the following requested privileges:

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Condition/Modification/Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

Notes
__________________________________________
__________________________________________

Department Chair Signature_________________________________________  Date _____________

Reviewed:

Revised: